

Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

PERMISSION TO SHARE PERSONAL INFORMATION

COMMUNITY ACTION AGENCY (CAA): Downeast Community Partners

PRIMARY APPLICANT NAME: _____

_____ Date of Application

INSTRUCTIONS: All household members 18 years old or older must sign the Permission To Share Personal Information form.

I grant permission to MaineHousing and the above-named CAA to:

- provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA;
- provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;
- provide information to and obtain information from the agencies listed above or others as needed to determine and confirm eligibility for MaineHousing programs and other programs administered by the CAA;
- disclose my personal information for the determination of eligibility for programs administered by State, federal, and local agencies; and
- inspect the heating fuel and utility billing and payment records for my current residence for up to five years prior to and up to five years after the date of this consent for purposes of determining eligibility and evaluating the effectiveness of any weatherization work performed.

I also grant permission to state and federal agencies to share my personal information relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I specifically grant permission to the Maine Department of Health and Human Services, the Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for the Home Energy Assistance Program and other MaineHousing programs with MaineHousing.

Printed Name

Social Security Number

Signature

Date

Printed Name

Social Security Number

Signature

Date

Printed Name

Social Security Number

Signature

Date

Printed Name

Social Security Number

Signature

Date